Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of other sponsored funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning DEC 20, 2011 and ending DEC 31, 2011
B Check if applicable
  [ ] Address change
  [ ] Name change
  [ ] Initial return
  [ ] Terminated
  [ ] Amended return
  [ ] Application pending

C Name of organization
JOURNALISM DEVELOPMENT NETWORK, INC.
Number and street (or P.O. box, if mail is not delivered to street address)
4041A CONNECTICUT AVE, N.W.
Room/suite
321
City or town, state or country, and ZIP + 4
WASHINGTON, DC 20008
D Employer identification number
26-0898750
E Telephone number
202-470-3510
F Group Exemption Number

G Accounting Method:
[ ] Cash
[ ] Accrual
[ ] Other (specify)  
H Check if the organization is not required to attach Schedule B
[ ] Form 990, 990-EZ, or 990-PF

I Website
N/A

J Tax-exempt status (check only one)
[ ] 501(c)(3)
[ ] 501(c)(4)
[ ] 501(c)(5)
[ ] 501(c)(6)
[ ] (insert no.)
[ ] 4947(a)(1)
or
[ ] 527
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| 1 | Contributions, gifts, grants, and similar amounts received | 19,030 |
| 2 | Program service revenue including government fees and contracts |  |
| 3 | Membership dues and assessments |  |
| 4 | Investment income |  |
| 5a | Gross amount from sale of assets other than inventory |  |
| 5b | Less: cost or other basis and sales expenses |  |
| 5c | Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |  |
| 6 | Gaming and fundraising events |  |
| 6a | Gross income from gaming (attach Schedule G if greater than $15,000) |  |
| 6b | Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) |  |
| 6c | Less: direct expenses from gaming and fundraising events |  |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |  |
| 7a | Gross sales of inventory, less returns and allowances |  |
| 7b | Less: cost of goods sold |  |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) |  |
| 8 | Other revenue (describe in Schedule O) | SEE SCHEDULE O |
| 9 | Total revenue [Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8] | 19,261 |

Part II Expenses (see the instructions for Part II)

| 10 | Grants and similar amounts paid (list in Schedule O) |  |
| 11 | Benefits paid to or for members |  |
| 12 | Salaries, other compensation, and employee benefits |  |
| 13 | Professional fees and other payments to independent contractors |  |
| 14 | Occupancy, rent, utilities, and maintenance |  |
| 15 | Printing, publications, postage, and shipping |  |
| 16 | Other expenses (describe in Schedule O) | SEE SCHEDULE O |
| 17 | Total expenses [Add lines 10 through 16] | 19,866 |

Part III Net Assets or Fund Balances (see the instructions for Part III)

| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | -605 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | 271,488 |
| 19 | Must agree with end-of-year figure reported on prior year's return |  |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | -17,772 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 253,111 |

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2011)

10951026 745960 20402 2011.04040 JOURNALISM DEVELOPMENT NETW 20402 1
Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II [X]

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O) SEE SCHEDULE O</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O) SEE SCHEDULE O</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td></td>
</tr>
</tbody>
</table>

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 JDN OPERATES THE ORGANIZED CRIME AND CORRUPTION REPORTING PROJECT, A CONSORTIUM OF NEWS ORGANIZATIONS DEDICATED TO CROSS-BORDER REPORTING ON ORGANIZED CRIME.

(Grants $ ) If this amount includes foreign grants, check here □ 28a 18,643.

(Grants $ ) If this amount includes foreign grants, check here □ 29a

(Grants $ ) If this amount includes foreign grants, check here □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address (b) Title and average hours per week devoted to position (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation

ANDREW SULLIVAN PRESIDENT/TREASURER
C/O ORGANIZATION 5.00 57,180. 8,908. 0.

LOWELL BERGMANN BOARD MEMBER 1.00 0. 0. 0.

SHEILA CORONEL BOARD MEMBER 1.00 0. 0. 0.

MARINA GORBIA BOARD MEMBER 1.00 0. 0. 0.

DAVID KAPLAN BOARD MEMBER 1.00 0. 0. 0.

DAVID BOARDMAN BOARD MEMBER 1.00 0. 0. 0.
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9

39b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?

41 List the states with which a copy of this return is filed: "NONE"

42a The organization's books are in care of "DENIZ SARKINOVIC" Telephone no. "202-470-3510"

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c Did the organization receive any payments for indoor tanning services during the year?

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? [X]

[Part VI] Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? [X]

48a. Is the organization a school as described in section 170(b)(1)(A)(i)? [X]

48b. Did the organization make any transfers to an exempt non-charitable related organization? [X]

49a. If "Yes," was the related organization a section 527 organization?

50. Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $100,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Reportable compensation (Forms W-2/1099-MISC)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

1. Total number of other employees paid over $100,000

51. Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $100,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

d. Total number of other independent contractors each receiving over $100,000

52. Did the organization complete Schedule A? [X]

Signature of officer of organization:

ANDREW SULLIVAN, PRESIDENT/TREASURER

Date: 02/26/2012

Preparer's name: W. ROUSE

Preparer's Signature: 

Date: 02/26/2012

Check [ ] if self-employed

PTIN: 10003768

Firm's name: GELMAN, ROSENBERG & FREEDMAN

Firm's address: 4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 20814-2930

Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? See instructions.
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

**Name of the organization**

**JOURNALISM DEVELOPMENT NETWORK, INC.**

**Employer identification number**

26-0898750

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### Part I  Reason for Public Charity Status

**All organizations must complete this part.** See instructions

<table>
<thead>
<tr>
<th></th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state.</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h</td>
</tr>
<tr>
<td></td>
<td>a Type I</td>
</tr>
<tr>
<td></td>
<td>b Type II</td>
</tr>
<tr>
<td></td>
<td>c Functionally integrated</td>
</tr>
<tr>
<td></td>
<td>d Type III - Other</td>
</tr>
<tr>
<td>e</td>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td></td>
<td>(i) A person who directly or indirectly controls, either alone or together with persons described in (a) and (ii) below, the governing body of the supported organization?</td>
</tr>
<tr>
<td></td>
<td>(ii) A family member of a person described in (i) above?</td>
</tr>
<tr>
<td></td>
<td>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No    Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

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Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

09051026 745960 20402 2011.04040 JOURNALISM DEVELOPMENT NETW 20402_1
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100.269,025</td>
<td>292,452.19</td>
<td>030.580,607.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td>100.269,025</td>
<td>292,452.19</td>
<td>030.580,607.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>100.269,025</td>
<td>292,452.19</td>
<td>030.580,607.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
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<tr>
<td>9</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>42</td>
<td>1,291</td>
<td>231</td>
<td>1,564</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>582,171.00</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td></td>
<td></td>
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</tbody>
</table>

**16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**

**16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**

**17a 10% facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization**

**17b 10% facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization**

**18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions**
### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
1. Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants”)
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
3. Gross receipts from activities that are not an unrelated trade or business under section 513
4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
5. The value of services or facilities furnished by a governmental unit to the organization without charge
6. **Total.** Add lines 1 through 5
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons
     
7b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 15 for the year
     
7c. Add lines 7a and 7b
8. **Public support.** (Subtract line 6 from line 7)

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
9. Amounts from line 6
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
     
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
     
11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
13. **Total support.** (Add lines 9, 10, 11, and 12)
14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

#### Section C. Computation of Public Support Percentage

15. Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))
16. Public support percentage from 2010 Schedule A, Part III, line 15

#### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))
18. Investment income percentage from 2010 Schedule A, Part III, line 17

19a. **33 1/3% support test - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b. **33 1/3% support test - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20. **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
### Schedule A
Identification of Excess Contributions
Included on Part II, Line 5

** Do Not File **
*** Not Open to Public Inspection ***

<table>
<thead>
<tr>
<th>Contributor's Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>377,352</td>
<td>365,709</td>
</tr>
</tbody>
</table>

Total Excess Contributions to Schedule A, Part II, Line 5

365,709
Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

OTHER

231.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

TRAVEL & MEETINGS

4,707.

OPERATIONS

1,252.

INSURANCE EXPENSE

1,175.

PROGRAM EXPENSES AND SUB-GRAANTS

13.

FACILITIES AND EQUIPMENT

519.

TOTAL TO FORM 990-EZ, LINE 16

7,666.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

**CHANGES IN NET ASSETS OR FUND BALANCES:**

**AMOUNT:**

OTHER ADJUSTMENT

-17,772.

**FORM 990-EZ, PART I:**


**EXEMPT REVENUE**

(DEC 20, 2011 TO DEC 31, 2011) $ 19,262

**NON-EXEMPT REVENUE**

(JAN 1, 2011 TO DEC 19, 2011) $566,616

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 122311 01-23-12

09051026 745960 20402 2011.04040 JOURNALISM DEVELOPMENT NETW 20402_1
TOTAL REVENUE FOR 2011 $585,878

EXEMPT EXPENSES (DEC 20, 2011 TO DEC 31, 2011) $19,866
NON-EXEMPT EXPENSES (JAN 1 2011 TO DEC 19, 2011) $584,389

TOTAL EXPENSE FOR 2011 $604,255

CHANGE IN NET ASSETS FOR 2011 $(18,377)

BEGINNING OF THE YEAR NET ASSETS AT JAN. 1, 2011 $271,488

CHANGE IN NET ASSETS FOR 2011 $(18,377)

NET ASSETS AT DECEMBER 31, 2011 $253,111

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR
GRANTS RECEIVABLE 218,602. 197,553.
ACCOUNT RECEIVABLE 0. 5,000.
PREPAID EXPENSES 0. 1,966.
TOTAL TO FORM 990-EZ, LINE 24 218,602. 204,519.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR
ACCRUED EXPENSES 38,407. 55,680.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2011)
122211 01-23-12

09051026 745960 20402 2011.04040 JOURNALISM DEVELOPMENT NETW 20402_1
Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization: JOURNALISM DEVELOPMENT NETWORK, INC.

Employer identification number: 26-0898750

DUE TO CIN

3,844. 6,127.

TOTAL TO FORM 990-EZ, LINE 26

42,251. 61,807.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - JDN OPERATES THE ORGANIZED CRIME AND CORRUPTION REPORTING PROJECT, A CONSORTIUM OF NEWS ORGANIZATIONS DEDICATED TO CROSS-BORDER REPORTING ON ORGANIZED CRIME. JDN ALSO DOES MEDIA DEVELOPMENT IN DEVELOPING COUNTRIES AROUND THE WORLD, CONCENTRATING ON INVESTIGATIVE REPORTING AND MEDIA MANAGEMENT. IT CURRENTLY HAS PROGRAMS IN SE EUROPE, EURASIA AND CENTRAL AMERICA.